

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
16 NOV 15 AM 10:47

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**

AMERICANS FOR HEALTH

ADDRESS (number and street) **5562 CAMBERIA Ct**

Check if different than previously reported. (ACC) **SAN DIEGO** **CA** **92129**

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER **C00587584**

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT ☐ ☐

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2) and/or Semi-annual Report

☒ October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE) and/or Semi-annual Report

July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 21 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Special (12S) Convention (12C)

M M / D D / Y Y Y Y in the State of

Election on

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

M M / D D / Y Y Y Y in the State of

Election on

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers **07/01/2016** through **09/30/2016** and/or January 1 - June 30

July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Amir Parvini**

Signature of Treasurer

Date

10/31/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3L
02/2009

2016-11-21 01:00:00